

Case Number:	CM14-0159337		
Date Assigned:	10/02/2014	Date of Injury:	04/14/2003
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In a note dated 1/20/14 indicates pain in the lumbar spine. The insured had a lumbar ESI and developed abscess and osteomyelitis. Insured underwent a posterior fusion from L4 to the sacrum. Exam reports tenderness with limited range of motion. Motor was rated at 1+. 9/16/10 MRI of lumbar spine reports at L4-5 there is laminectomy with fusion and also at L5-S1. 5/28/14 note indicates bilateral L3 medial branch block. The insured reports reduction in pain of 87.3% with duration of greater than 4 hours. The treating physician requests RFA.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral RFTC (Radio Frequency Thermal Coagulation) at L3-4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint radiofrequency Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless durat

Decision rationale: The ODG guidelines support RFA for facet when diagnostic blocks have been performed and demonstrated at least 70% improvement for the duration of anesthetic. The medical records indicate findings of positive diagnostic block using anesthetic with a 87.3% improvement in pain reported for the duration of anesthetic. As such the medical records support RFA at L3-4 congruent with ODG guidelines. The request is medically necessary.

Zanaflex 4 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity drugs Page(s): 66.

Decision rationale: The medical records provided for review do not demonstrate physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. The MTUS supports Zanaflex for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of Zanaflex congruent with MTUS. The request is not medically necessary.